



## STAFF INNOVATION SUMMARY - SAN JOAQUIN COUNTY

<b>Name of Innovative (INN) Project:</b>	<b>Progressive Housing</b>
<b>Total INN Funding Requested for Project:</b>	<b>\$6,461,517</b>
<b>Duration of Innovative Project:</b>	<b>Five (5) Years</b>

### Review History:

Approved by the County Board of Supervisors:	November 7, 2017
County Submitted Innovation (INN) Project:	October 23, 2017
MHSOAC Consideration of INN Project:	January 25, 2018

### Project Introduction:

The County proposes to adapt the *Housing First* model for individuals who are homeless and have serious mental illness and possibly co-occurring disorders. To accomplish this, the County proposes a system of housing that will reflect an individual's probable development through stages of recovery. The County will provide four (4) distinct levels of services at each of the houses; including pre/post assessment, engagement and linkage to routine mental health services, stabilization and recovery support, and finally, independent permanent housing. These services are in sync with recovery from the start of pre-contemplation to the end of "graduation." The County proposes to partner with Stockton Self Help Housing, an affiliate of Sacramento Self Help Housing, to provide them with a record of successful housing programs.

In the balance of this brief we address specific criteria that the MHSOAC looks for when evaluating Innovation Plans, including:

- What is the unmet need that the county is trying to address?
- Does the proposed project address the need?
- Are there clear learning objectives that link to the need?
- Will the proposed evaluation allow the county to make any conclusions regarding their learning objectives?

In addition, the MHSOAC checks to see that the Innovation meets regulatory requirements, that the proposed project aligns with the core MHSA principles, promotes learning, funds exploration of a new and/or locally adapted mental health approach/practice, and targets one (1) of the four (4) allowable primary purposes.

## The Need

The County states that there is a severe housing shortage due in part to rental market rate increases (50% since 2007), board and care facilities closing (16 have closed since 2015), a catastrophic fire destroying 47 resident houses located in the largest supportive housing facility for individuals with serious mental illness, and increased opposition against the development of affordable housing units for mentally ill persons. As a result of this housing shortage, there have been extended stays in hospitals, emergence of residential treatment programs, and creation of acute facilities. The county reports that in 2017, there were about 1500 homeless persons and approximately 30% (450) of them reported having some kind of mental health issue/concern. Further, during the County's community program planning process, they reported that a number of the participants had a "fear and frustration with finding a safe and affordable place to live because of rental conditions."

In addition to all of the above, the San Joaquin County Homeless Taskforce created recommendations which were adopted by the County Board of Supervisors, which include:

- The creation of uniform discharge policies to prevent individuals being discharged into homelessness;
- Adoption of a *Housing First* strategy to reduce upfront barriers to housing; and
- Fostering new collaborative strategies to prevent homelessness before it occurs. (page 9)

## The Response

In their research, the County learned about the success of the *Housing First* model as well as two additional models (Linear and Supportive Housing); however, they note that none are able to resolve the homeless problem. In fact, some researchers in the larger communities confirm this and have written that there are "limited kinds of homeless people who are best served by the *Housing First* model." The criticism doesn't dismiss that *Housing First* works; however, it reveals that *Housing First* doesn't work in all cases, and must be adapted to local conditions, and must be inclusive of education, employment, and human services to the re-housed homeless. What the County proposes and what the research supports is a continuum of housing--a modification to the original *Housing First* model.

The County proposes a project that will provide four (4) different levels of supportive housing and mental health services that align with the recovery phases. Level 1 housing will be a pre-post assessment and contemplative process. The participant, designated as a guest, will decide if they are ready to participate in treatment interventions. Then at Level 2, participants will be in a shared housing environment, staffed by a house manager and will engage in, and be provided with, linkages to routine mental health services such as withdrawal management, substance use disorder recovery services, and primary care. Next at Level 3, participants are deemed to have "stabilized" and are successfully

participating in treatment and services. The participant will be in a shared housing environment and participate with a portion of their income contributing to monthly expenses for the household. At this level, participants can also start developing a plan to obtain permanent housing. Finally, Level 4 is available for participants who are stable, in routine treatment, are ready to obtain independent housing, pay rent from SSI or other income, and may maintain this residence for a year or more. The County believes that a better demonstration of the recovery process occurs when participants move between various housing levels versus having them forcefully leave a housing program and re-apply to a different program if they cannot meet a particular housing criterion. With relatively low barriers, a participant may move from Level/house to Level/house to accommodate where they are within their recovery process.

To accomplish this continuum of housing, the County indicates they are partnering with and obtaining master leases through Stockton Self Help Housing and several other service, referral, and collaborative partners.

**The county may wish to address/clarify how it, or its housing partner, will address the potential impact of NIMBYism and how they will take advantage of protections provided by Senate Bill 167, enrolled September 2017, as it may relate to preventing discrimination for housing developments.**

[https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill\\_id=201720180SB167](https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=201720180SB167)

### **The Community Program Planning (CPP) Process**

Based on the recommendation of the San Joaquin County Planning Stakeholder Steering Committee, the Community Program Planning (CPP) Process continued in 2017 and the County focused on target populations of unserved and underserved adults. Clients with serious mental illness and their family members comprised 53% of the community meeting participants and 51% of the survey respondents (p. 38). The County conducted community meetings, focus group discussions, and surveys; all efforts indicated that the largest portion of feedback was received from Client/Stakeholder surveys. The County distributed 665 surveys and received 600 in response. Additionally, in January 2017, housing experts convened meetings and key stakeholders contacted homeless service providers to assess housing needs and vetted out the proposed service provider partnership.

Based on the survey responses, other outreach efforts, and the decision made by the Board of Supervisors to have the county work on resolving the homeless problem in San Joaquin, the County as a result spent considerable time collecting data and doing research regarding homelessness. Finally, because the Steering Committee had established that the target population of any Innovative project should be un- and underserved populations this housing plan was developed and submitted for 30 day review. (Documents related to the CPP process are included as part of the Innovation proposal. These items include the survey, letters from respondents, and PowerPoint presentations from meetings).

The substantive comments from the review period/process highlighted that the project lacked an explanation of where the houses will be located (Stockton or Sacramento) as well as a number of how many persons will inhabit every house.

This Innovation Project was shared with stakeholders beginning December 18, 2017. No letters of opposition or support were received in response.

### **Learning Objectives and Evaluation**

San Joaquin County intends on adapting the *Housing First* model for consumers with co-occurring mental health disorders. The County will build on practices from Linear Residential Treatment models that will allow for more consumer choice in treatment. The County seeks to determine if the adaptation of the *Housing First* Program model increases access to mental health services as well as improve recovery outcomes for consumers compared to the current program model. The *Housing First Model* modifies other models by adapting a treatment first approach to housing as well as incorporating lessons learned from a prior innovation project relative to consumer driven services. **The County may wish to identify lessons learned from the prior innovation project identified and how it has informed the current project.**

The target population of the program will be homeless individuals or those at-risk of homelessness that have co-occurring serious mental illness and substance use disorders. The County estimates that 30 individuals will be enrolled on an annual basis for a total target population of 90 enrolled clients by the time the project ends (6 houses x 5 clients/house= 30 total clients for **each** of the first three years of the project for a total of approximately 90 clients served). Consistent with MHSA Standards, the program will create housing for clients to stabilize their living situation while also providing supportive services on-site.

To evaluate the Progressive Housing project, San Joaquin County has identified three (3) major outcomes: better treatment outcome gains in comparison to prior studies on *Housing First*; cost effectiveness of the *Housing First* model in comparison to other approaches; and timeliness to implement the Housing First model compared to other approaches. **The County may wish to identify how their primary purpose—increase in access to mental health services—will be measured.** Methods to collect data to measure these outcomes will come from a number of sources, including: pre and post psycho-social assessments, treatment utilization and cost data, program participation data, client focus groups, among others. An appropriate design to evaluate the Progressive Housing project will be developed in collaboration with the UC Davis Behavioral Health Center.

### **The Budget**

The proposed budget for this Innovation Project is \$6,461,517 over five (5) years. A total of \$470,086 (7.3%) of the budget is allocated for personnel expenses to hire a Project Director, Housing Liaison, and two (2) peer partners. The County lists total operating costs at \$374,468 (5.8%) of the total budget which is comprised of direct

costs in the amount of \$206,200 (3.2%) and indirect costs in the amount of \$168,268 (2.6%). The evaluation component will be contracted out to UC Davis Behavioral Health Center for Excellence and the County has allotted \$445,500 (6.9%) of the total budget. Project deliverables and the scope of work will then be determined.

A significant portion of the budget is going towards the cost of personnel and direct/indirect costs which will be paid to the Contracted Service Provider, Stockton Self Help Housing, who will be responsible for the operations and management of the housing component of the project. Personnel costs, including salary and benefits, are \$1,891,261, or 29% of the total budget. Staff that will be hired will include a Project Manager, House Case Plan Managers (1 FTE per 9 houses), Housing Locator Specialist, Resident House Managers (1 per house), House Operations Specialist as well as a Property Manager. The County estimates it will cost approximately \$3,565 per month to operate one household which is comprised of the following: rent, utilities, client food, household supplies, telephone, staff mileage, client transportation, and maintenance costs.

The County wishes to utilize MHSA Innovation Funds and will not seek to use any other type of funding, although participants residing in houses may eventually leverage rental fees with their income.

Regarding sustainability, the County states that if the program cannot be continued, the core services providing housing and treatment will be continued at some level, while other parts of this project will have to be suspended. Continuation of this project will be based on success rates and program participants having increased access and usage of available mental health services. If the program in its entirety is unable to be continued, some of the program costs can be funded through existing Community Service & Supports funding as well as working with the Housing Authority of San Joaquin County to provide housing vouchers to discharged participants, who may be given priority status.

**The County may wish to discuss how the decision to suspend certain services will affect the residents and what safeguards are in place to ensure continuity of the suspended services. Further, the county may wish to discuss what parts of the housing project will be suspended.**

**The County may wish to discuss the proposed monthly cost for client's food which is listed at \$350 for the entire household, or \$70 per person/month (5 people per household) and whether there are some additional funds being utilized to supplement this budget item.**

### **Additional Regulatory Requirements**

The proposed project appears to meet the minimum requirements listed under MHSA Innovation regulations.

## References

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